

Pre-Application for the Section 8 Housing Choice Voucher Waiting List

READ INSTRUCTIONS CAREFULLY

1. Complete and legible pre-applications will be accepted by mail only, sent to the following address and POSTMARKED between December 16, 2010 and December 18, 2010.
Mansfield Housing Authority
309 Maple Road, Storrs, CT 06268
2. Applications must be received by mail no later than December 29, 2010. The Mansfield Housing Authority is not responsible for non-delivery of mail.
3. Faxed or hand delivered applications will not be accepted.
4. Applicants who submit more than one pre-application will automatically be disqualified.
5. Envelopes containing more than one pre-application will not be accepted.
6. A computer lottery system will be used to select 250 pre-applications in accordance with HUD regulations and the Administrative Plan of the MHA. Only those applicants that are selected will be notified.
7. Persons who need assistance in completing the pre-application or have questions may call 860-487-0693. Hearing impaired persons should use the TDD/TTY 800-842-9710.
8. In accordance with the Section 8 Administrative Plan, applicants will be **REQUIRED TO LIVE IN** Mansfield, Coventry, Willington, Ashford or Chaplin for the first year following the receipt of a voucher. **Please be advised these towns are rural communities and BUS SERVICE IS VERY LIMITED OR DOES NOT EXIST.**

PRE-APPLICATION FOR THE SECTION 8 VOUCHER WAITING LIST

1. HEAD OF HOUSEHOLD INFORMATION: (please print)

Name of Head of Household: _____ M or F (circle one)

Current Address, Street, Apt. #: _____

Current City, State and Zip: _____

Telephone Number: _____

Social Security Number: _____ Date of Birth: _____

MAILING ADDRESS (if different from above)

Any changes to the above information must be submitted, in writing, to the Mansfield Housing Authority. **The Mansfield Housing Authority is not responsible for non-delivery of mail.**

2. Does the Head of Household or Co-head of Household work or been notified that they are hired to work in one of the following towns: Mansfield, Coventry, Willington, Ashford or Chaplin. If yes, you must provide your latest pay stub or letter of hire with the name of the business.
3. Does the Head of Household or Co-head of Household have a disability for which he/she is totally disabled and receiving disability benefits? If yes, you must provide a copy of your last benefit statement.
4. Is the Head of Household or Co-head of Household age 55 or older? If yes, you must provide third party evidence such as a copy of your birth certificate, driver's license, or passport.
5. Are there children 18 years of age or younger **AND** in school? Y or N (circle one)
6. Has the Head of Household been subject to or a victim of domestic violence by a member of the family or household within the past year? If yes, **and** you have been displaced from the home, you must provide a police report or restraining order against the abuser. **OR** If yes, **and** you still reside with the abuser, you must provide a police report evidencing actual or threatened physical violence directed against you or your family. By signing below you certify that the abuser will not reside in the assisted household.
7. How many people will live in the unit, **including you**? _____
8. What is your total yearly gross family income from **all** sources? _____

Optional - For HUD statistical purposes only:

Ethnicity of Head of Household: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino Race of Head of Household: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander

I/We certify that the statements in this pre-application are true to the best of my/our knowledge and belief and understand that they will be verified. **I/We understand that any false statement made on this pre-application will cause me/us to be disqualified for admission. Warning:** 18 U.S.C. 1001 provides that whoever knowingly or willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both.

Head of Household Signature

Date

Co- Head or Other Adult Member Signature (over 18)

Date

The Mansfield Housing Authority is an Equal Housing provider and does not discriminate on the basis of race, color, disability, sex, religion, familial status, sexual orientation or national origin.